



Title	Knowledge and attitudes towards dental care among newly graduated medical doctors
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**KNOWLEDGE AND ATTITUDES TOWARDS DENTAL CARE
AMONG NEWLY GRADUATED MEDICAL DOCTORS**

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ABSTRACT

We investigated the possible contribution of newly graduated medical doctors to dentistry. We chose House Officers (HOs) as our target group and believed that they could be representative of newly graduated medical doctors in Hong Kong. The objectives of our project were to investigate the dental knowledge of HOs, the attitudes of HOs towards dental health care, and the treatment HOs will give if their patients present with signs of dental diseases.

The method we used in the investigation was interview with a structured questionnaire. The results of the investigation were that most of the House Officers had a high level of dental knowledge, the majority of them could recognize signs of common dental diseases and advise their patients to seek dental treatment. A large proportion of the interviewees had a positive attitude towards oral health care.

Based on the results of this project, we made the following recommendations:

- i. Newly graduated doctors should be encouraged to examine the oral cavity (including teeth and gums) of patients;
- ii. the co-operation and interflow between Faculty of Dentistry and Faculty of Medicine should be increased.

INTRODUCTION

Public health is the science and art of preventing diseases, prolonging life, and promoting health and efficiency through organized community effort in various ways. Two methods of promoting public health are organisation of medical services for early diagnosis and preventive treatment, and the education of individuals in personal hygiene.

In view of the above and after sessions of discussion, our group decided to investigate the possible contributions of newly graduated medical doctors to dentistry. Newly graduated medical doctors are young and probably more receptive of new ideas. Besides, a large proportion (71%) of the medical practitioners are local graduates from the medical faculties of The University of Hong Kong and the Chinese University of Hong Kong. All these medical graduates have to work as House Officers in hospitals prior to full registration. We decided to interview the House Officers in four major regional hospitals in Hong Kong (Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital and Prince of Wales Hospital) where most of the graduates would be allocated to work.

We, future dentists, are expected to equip ourselves with basic medical knowledge since we may be the first in the health profession to 'uncover' signs and symptoms of medical diseases from our patients and refer them to medical practitioners. We are also expected to act as public health educators. Medical practitioners probably also possess basic dental knowledge to uncover signs and symptoms of dental diseases from patients, to provide appropriate treatment or advice to these patients, and to act as public health educators.

We aimed at investigating the dental knowledge of House Officers, their attitude and behaviour towards oral health care, the treatment or advice they would give to their patients if these patients present with signs and symptoms of dental diseases and other contributions of newly graduated medical doctors to dentistry.

AIM

To investigate the possible contributions of newly graduated medical doctors to dentistry.

OBJECTIVES

1. To investigate the dental knowledge of House Officers (HOs).
2. To investigate the attitudes and behaviour of HOs towards dental health care.
3. To investigate what advice or treatment HOs would give if their patients present with signs and symptoms of dental diseases.

MATERIAL AND METHODS

In Hong Kong, about 71% of medical practitioners are local graduates from The University of Hong Kong or the Chinese University of Hong Kong. Every medical graduate must experience a one-year full-time internship in allocated hospitals prior to full registration with the Medical Council of Hong Kong.

Letters specifying our project objectives were sent to the Dean of the Medical Faculty of the Chinese University of Hong Kong and to the Wardens of House Officers' residences in four of the major regional hospitals in Hong Kong:

1. Queen Mary Hospital
2. Queen Elizabeth Hospital
3. Princess Margaret Hospital
4. Prince of Wales Hospital

The total number of House Officers in these hospitals is 223, that is, 84% of the House Officers in Hong Kong.

The survey was performed in the form of a face-to-face structured interview. The questionnaire was constructed to fulfil our objectives and a pilot testing of the questionnaire was carried out amongst final year dental students and general medical practitioners. After pilot testing a slight modification was done of the questionnaire (Appendix 1).

After the final version of the question sheet was set, and with the approval of the Dean of the Medical Faculty of the Chinese University of Hong Kong and Wardens of the chosen HOs' quarters, interviews were conducted in the House Officers' quarters during April-June 1993.

In order to facilitate the smooth running of the survey and to increase publicity, we sent out a notification of our visit to each House Officer several days prior to the day of survey.

The interview was divided into two parts. The first part collected information related to oral health knowledge, attitude towards oral health care and oral health behaviour of House Officers. Most of the questions were open-ended and their answers were recorded on an

answer sheet. Some of the possible responses were pre-coded and were written on the question sheet.

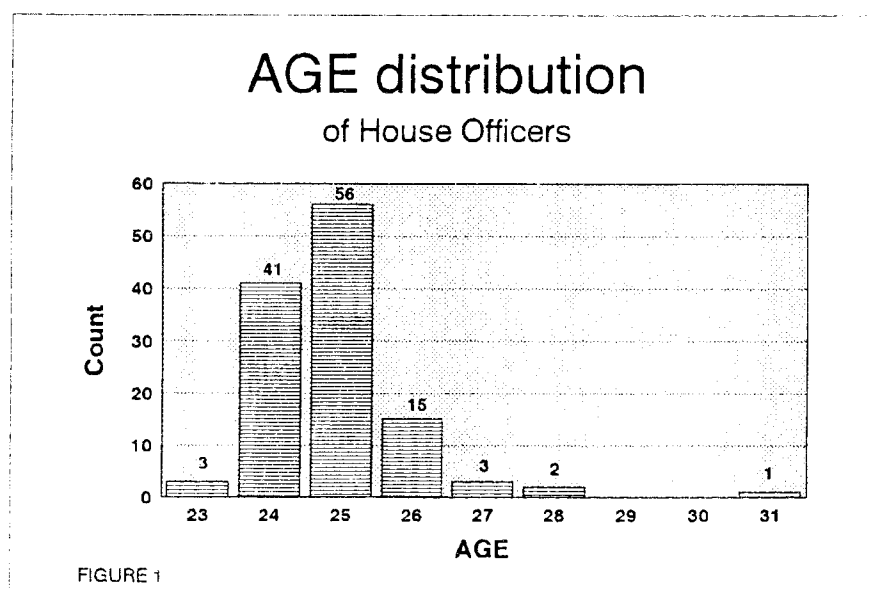
The second part was used to elicit the ability of House Officers to diagnose common dental diseases with obvious clinical signs from clinical photographs, and how they would manage the condition.

The interviews were conducted by trained interviewers in colloquial Cantonese. Kao Hong Kong Limited sponsored the souvenirs (Kao 'Cleardent' toothpaste and toothbrush) which were sent to each interviewee after the interview.

The data was analysed after being keyed into a computer using the package Epi-info version 5.01.

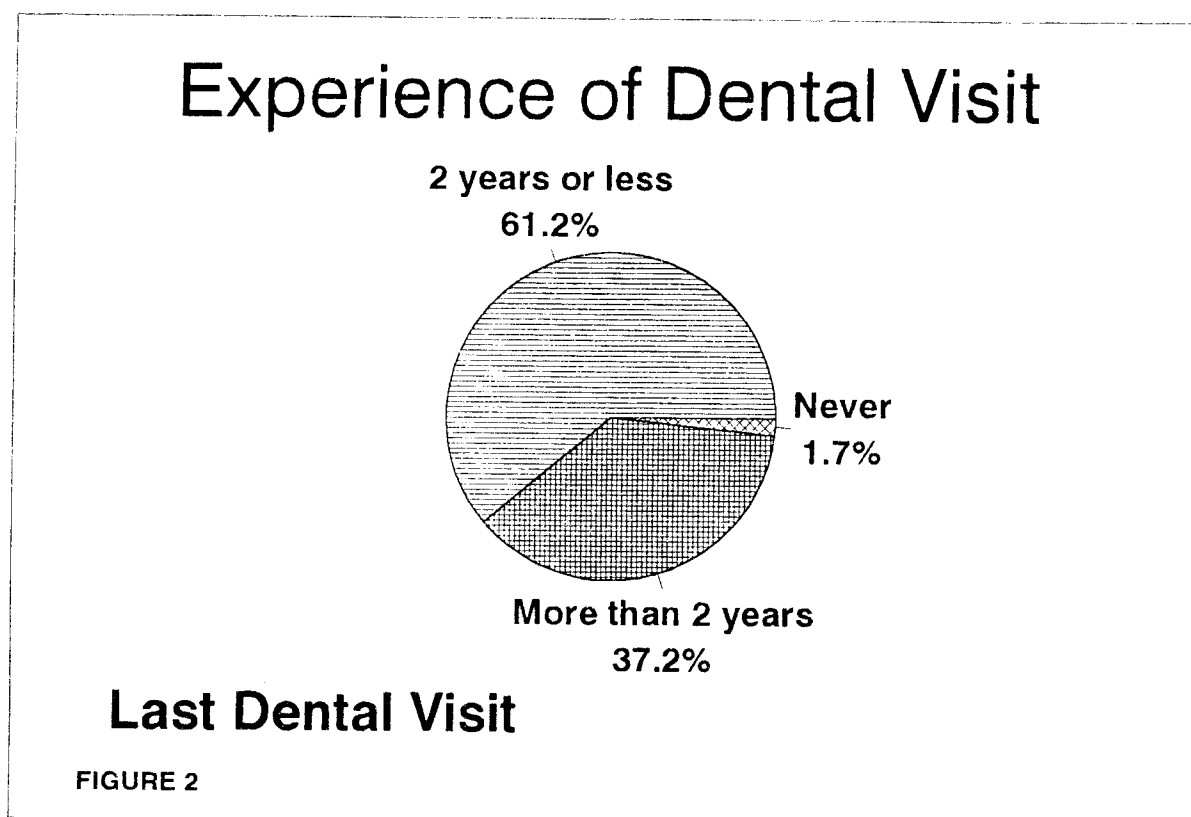
RESULTS

A total of 265 medical students graduated in 1992. Of these 265 graduates, one hundred and twenty-one (45.7%) House Officers were successfully interviewed. Eighty-five of them were graduates of The University of Hong Kong and 36 were graduates of the Chinese University of Hong Kong. The respondents were aged between 23 to 31 with a mode of 25 years, Figure 1. About 20% were females and 80% were males.



Section I

Of the 121 House Officers, 74 (61.2%) had at least one dental visit within the past two years. Only two (1.7%) had no dental experience at all (Figure 2). For those interviewees with dental experience, the most common treatment they received was scaling. Twenty-one (28.5%) received restorative treatment and only one subject (0.8%) had root canal therapy.

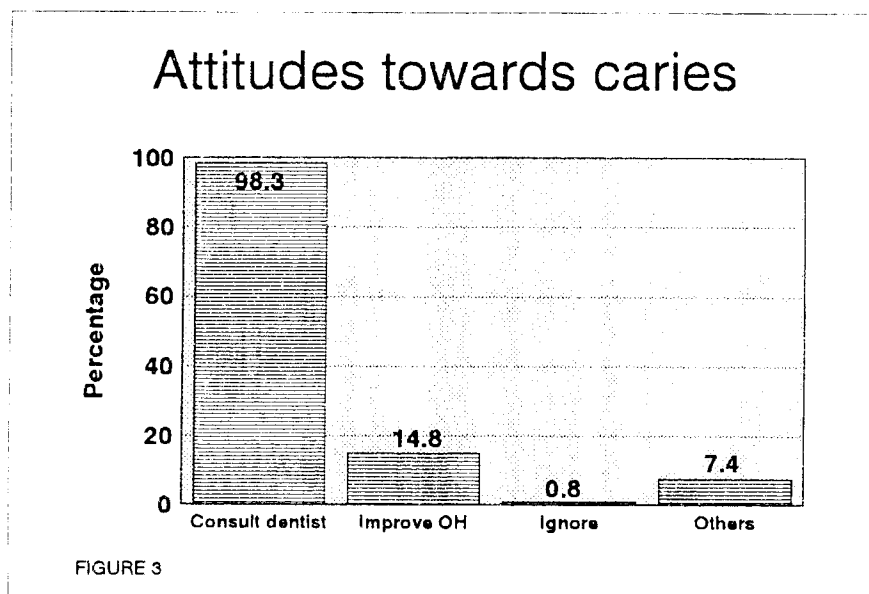


Nearly all House Officers (N=120, 99.2%) used toothbrushes to keep their teeth clean. However, only a quarter (N=29, 24.1%) had used dental floss and less than one-sixth had used mouthrinses (N=19, 15.7%) and toothpicks (N=13, 10.8%) respectively.

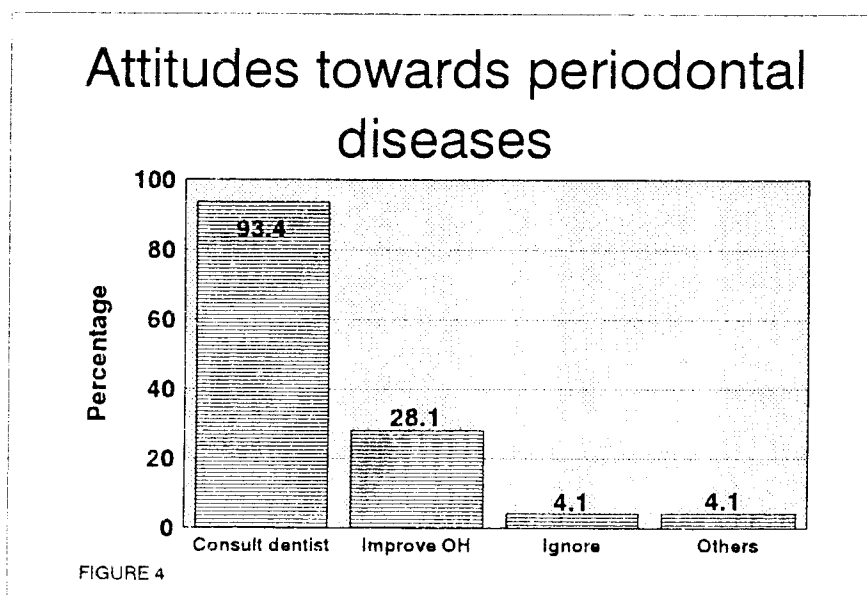
About a quarter of the House Officers (N=29, 24.1%) had experienced toothache within the past two years. Of these subjects, 46 (37.9%) had consulted a dentist, whilst 25 (20.6%) had prescribed analgesics for themselves.

Section II

When asked what they would do if they had dental caries, nearly all (N=119, 98.3%) answered that they would consult a dentist, 18 (14.8%) would improve their oral hygiene. Only one (0.8%) subject said that he would ignore the dental problem (Figure 3).

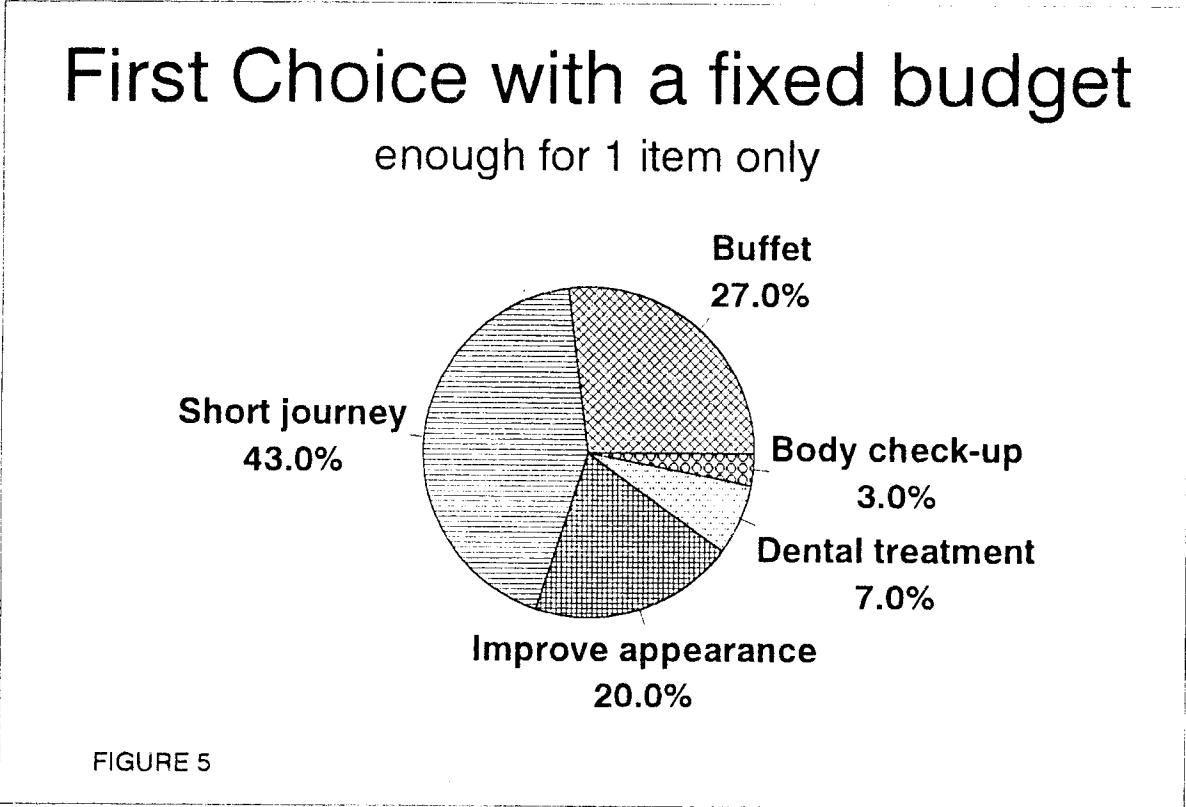


Similarly, when these subjects were asked what they would do if they had periodontal disease, the majority of them (N=113, 93.4%) answered that they would consult a dentist, 34 (28.1%) would improve their oral hygiene and 5 (4.1%) would ignore their periodontal problem (Figure 4).



In order to test the attitudes of the HO's towards dental care we gave them 6 items among which to choose one on a fixed budget: improving appearance, buffet dinner, restoration (in the presence of minor toothache), scaling, a short journey, general medical check-up.

The majority of interviewees (N=109, 90%) would spend the budget on entertainment (buffet or short journey) or improving appearance given a budget which was just enough for one item. Less than 7% of them chose dental-care-related items (scaling or restoration) (Figure 5).

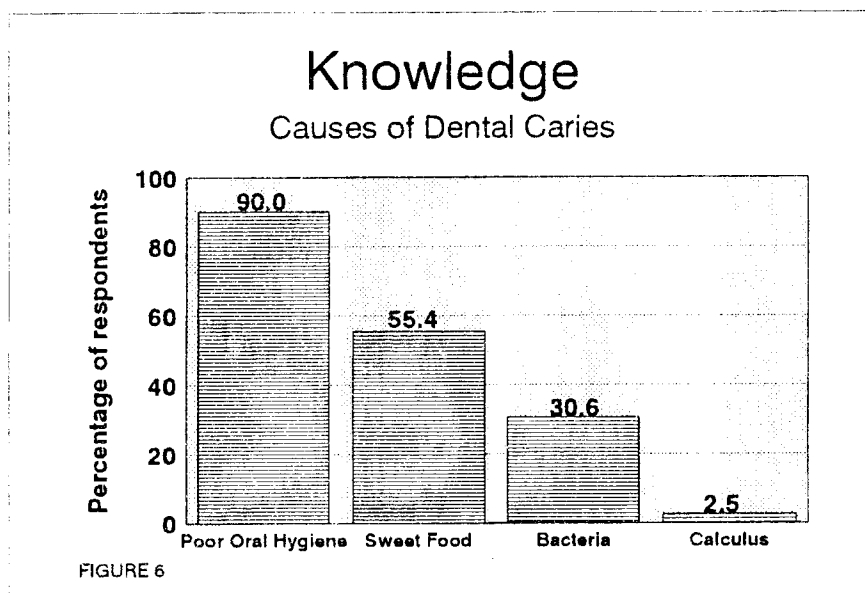


During general body check-up for patients, 34 (28%) interviewees indicated that they would include examination of the oral cavity. Of these 34 subjects, 10 (29%) indicated that they would include teeth and/or gums in the oral examination.

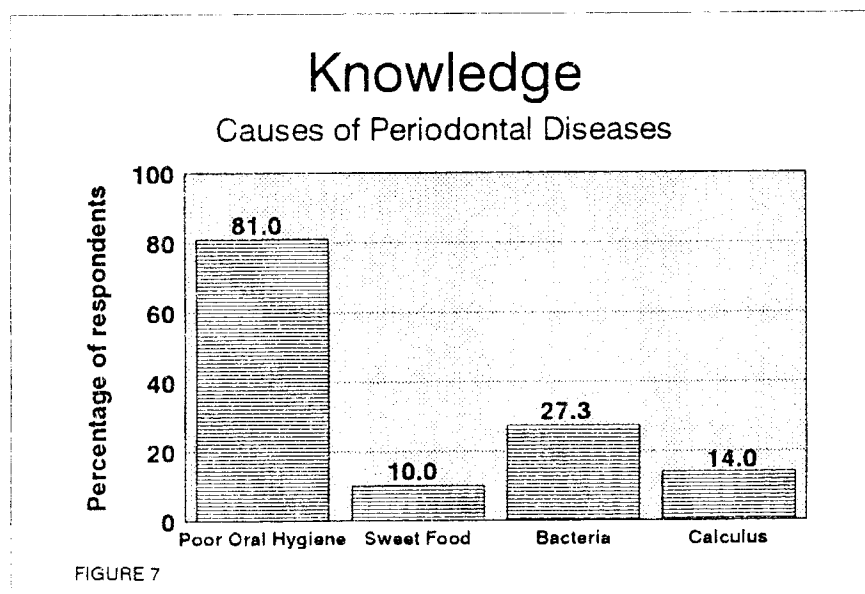
Most of the interviewees (N=99, 82%) agreed that permanent dentition and deciduous dentition are of equal importance. Only 20 (16%) disagreed with the above statement whereas the rest (N=2, 2%) had no comment on it.

Section III

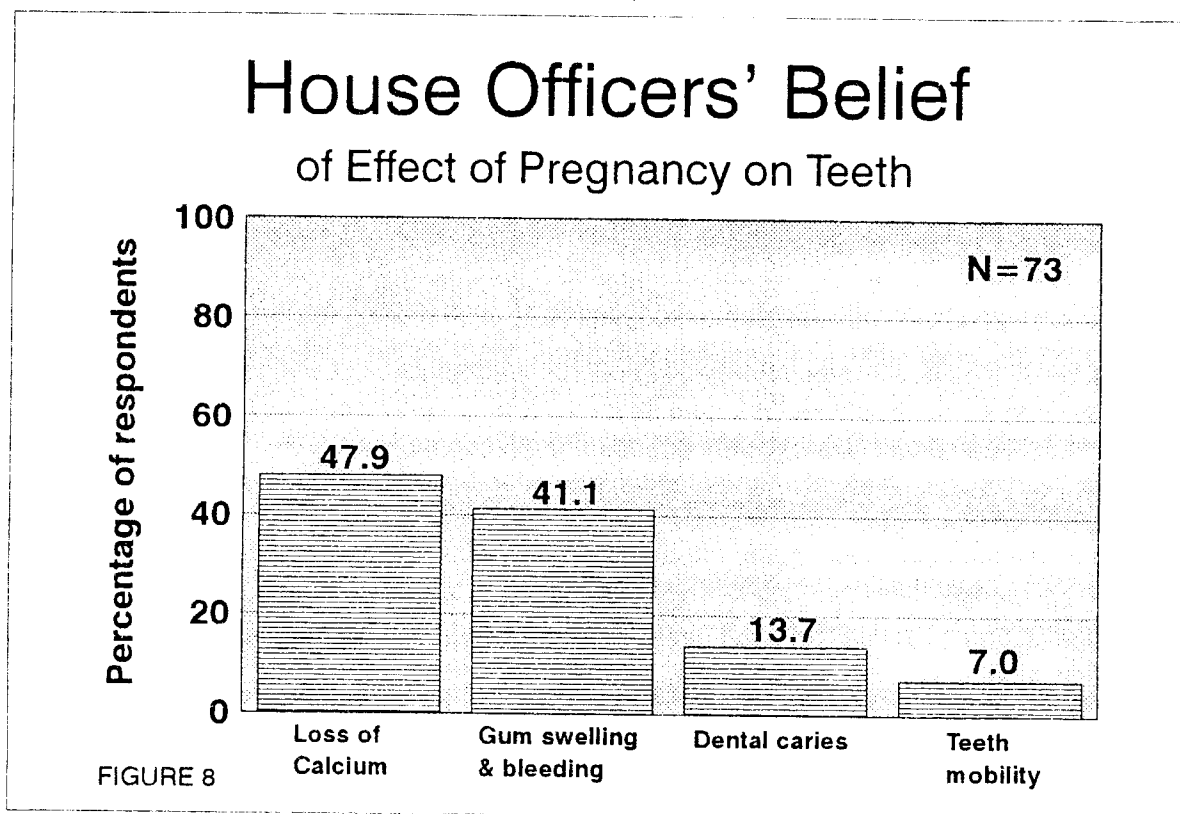
109 (90%) interviewees believed that "poor oral hygiene" could lead to dental caries; 67 (55.4%) thought that "sweet food" and 37 (30.6%) thought that "bacteria" were the causes of dental caries. None of them mentioned "aging" or "insufficient sleep" as causes of dental caries (Figure 6).



98 (81%) House Officers believed that "poor oral hygiene" caused periodontal diseases. Thirty-three (27.3%) believed that "bacteria" and 17 (14.0%) believed that "calculus" were causes of periodontal diseases, whereas 10% of the respondents mentioned sweet foods (Figure 7).



With regard to the possible effect of pregnancy on teeth, 58 (47.9%) House Officers indicated that pregnancy would lead to loss of calcium from the teeth, 50 (41.1%) said that pregnancy was associated with swelling and reddening of the gums. Seventeen (13.7%) indicated that pregnancy would lead to dental caries and 8 (7.0%) said that pregnancy would lead to increased mobility of teeth (Figure 8).



Most of the interviewees knew the consequence of untreated dental caries (N=118, 97.5%) and untreated periodontal diseases (N=108, 89.3%).

Most House Officers (N=120, 99.2%) believed that "good oral hygiene" helped to prevent dental caries and 37 (30.6%) House Officers said that "taking less sweet food" would decrease the chance of having dental caries. One hundred and fourteen (94.2%) interviewees believed that "good oral hygiene" and 66 (54.6%) indicated that "regular check up" helped to prevent periodontal diseases (Figures 9 and 10).

Knowledge

Dental Caries Prevention

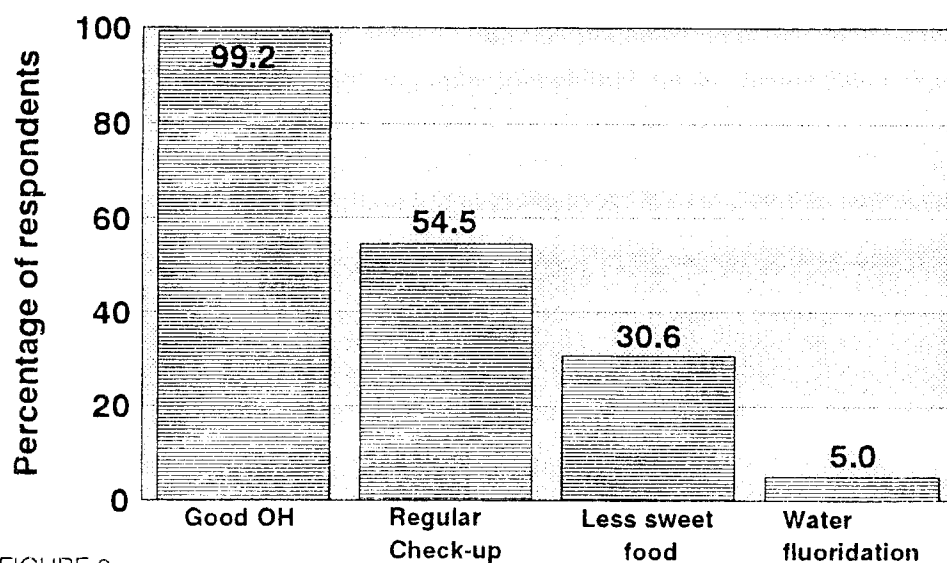


FIGURE 9

Knowledge

Periodontal Diseases Prevention

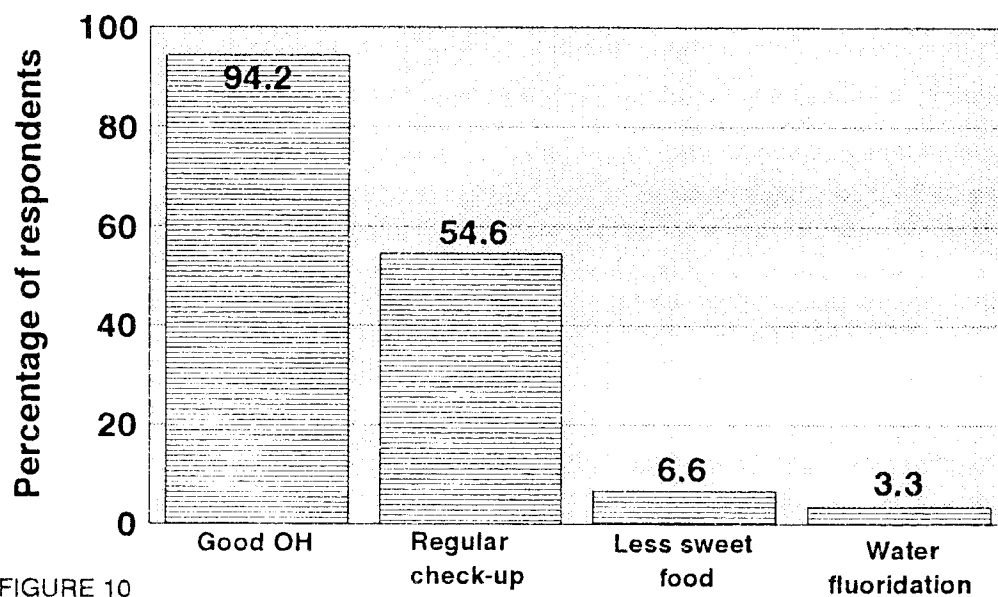


FIGURE 10

Section IV

In this section, provisional diagnosis of common dental diseases were elicited from the House Officers through the use of clinical photos. Figures 11a to 11c are the photographs shown to the interviewees.

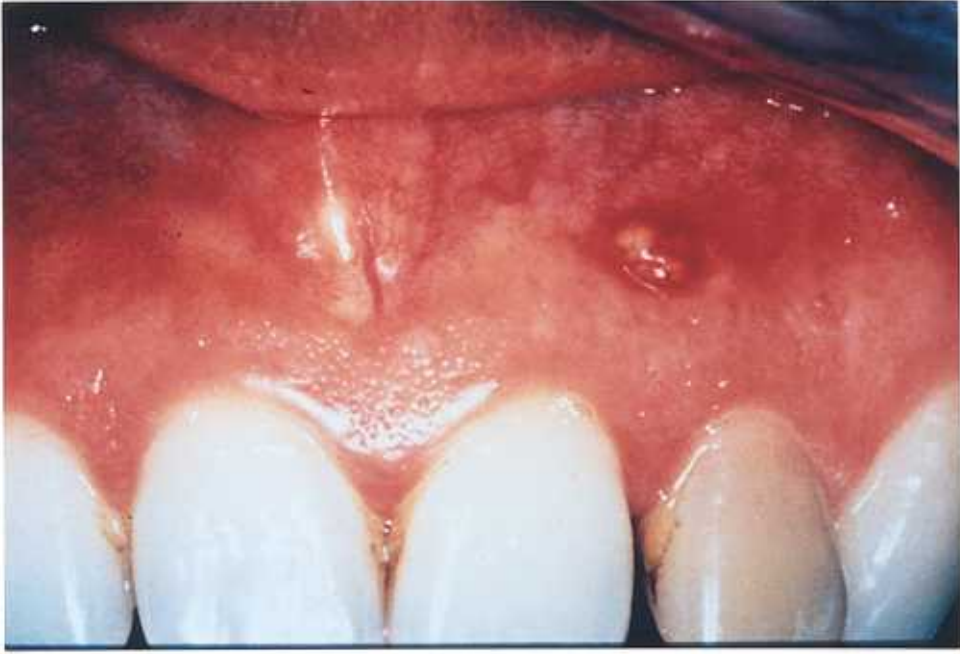


Figure 11a



Figure 11b



Figure 11c

As shown in Figure 12, over 90% (N=109) of the interviewees pointed out that there was an abscess or an ulcer on the labial alveolar mucosa of the tooth 22. As for the management of patients presented as such, over 80% (N=99) indicated that they would suggest the patients to consult a dentist.

Provisional Diagnosis I

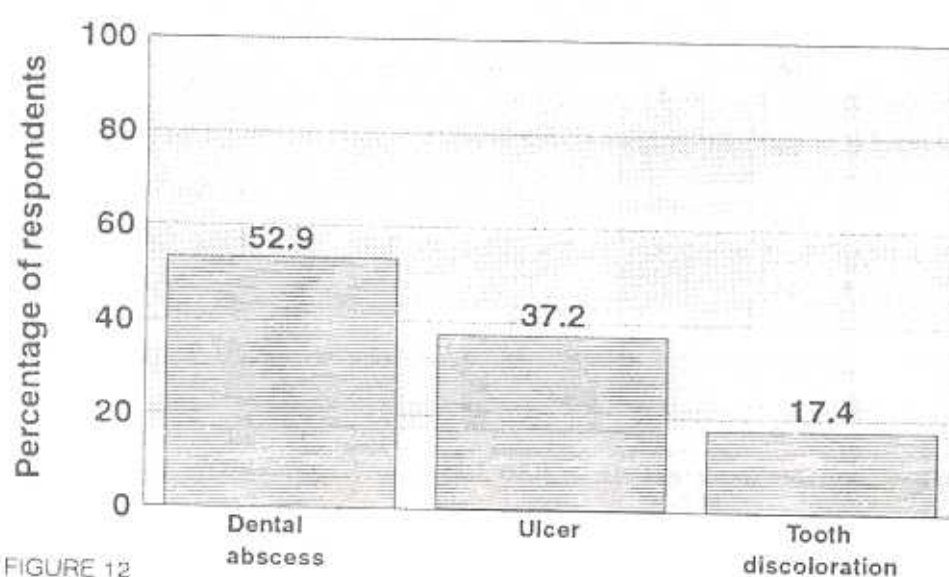
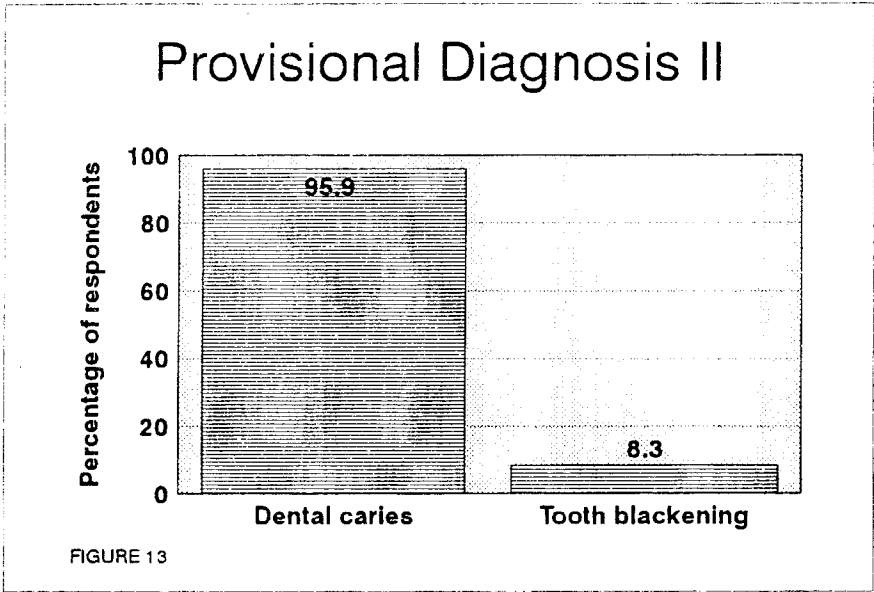
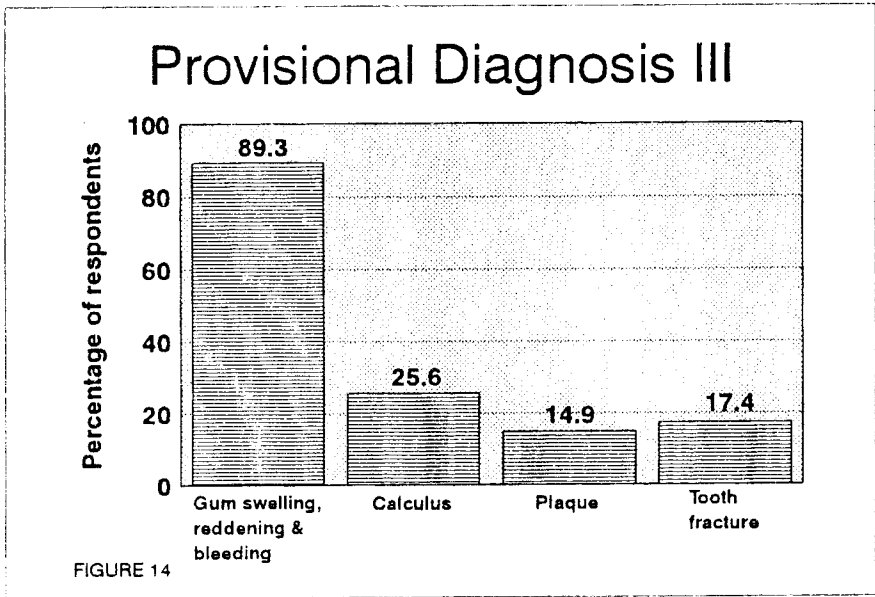


FIGURE 12

In Figure 13 nearly all of the interviewees (N=116, 96%) pointed out that there were several caries lesions in the dental arch shown. They would also suggest the patients to consult a dentist.



In Figure 14, 107 (89%) interviewees recognized that the gingivae were red and swollen. Moreover, about a quarter of the interviewees said that calculus was present. 113 (93%) House Officers said that they would suggest patients with such presentation to consult dentists.



DISCUSSION

When we studied the behaviour of the House Officers towards oral health care, we found that about two-thirds had at least one dental visit in a two-year period. However, only one-third (N=40, 33.1 %) had at least one dental visit or check-up per year. Two subjects (1.7%) had never consulted a dentist at all.

We compared the above results with the results of the Adult Oral Health Survey 1991 where similar data for 35- to 44-year-old subjects were available. In that study, less than a quarter (N=100, 24%) of the 35-44 year-old group (N=398) had consulted a dentist within the last 24 months. It was obvious that our study group of 121 House Officers had a more positive behaviour towards oral health care than the public.

Concerning the attitudes of House Officers towards oral health care, the results that over 90% of the interviewees would consult a dentist if they had dental caries or periodontal diseases and over 80% of the House Officers agreed on the equal importance between permanent and deciduous dentitions, which revealed their positive attitude.

In the daily practice, only a minor proportion of House Officers would examine the oral cavity (teeth and/or gum) during a general body check-up. This is probably because most House Officers think it is outside their scope of work or that the oral cavity is less important than other organs, or they were not being taught to do so. This raises a question of referrals of patients who have dental problems without presenting complaints.

The fact that the majority of House Officers chose entertainment/improving appearance rather than health/oral care may indicate that they desire to have some recreation to indemnify for the heavy daily clinical work load. But maybe it should not come as a surprise that young adults (age range 23-31), such as the House Officers prefer improving appearance to health care even in the presence of a minor toothache!

In our survey, it was also shown that most of the House Officers had a good dental knowledge of the cause and prevention of dental caries and periodontal diseases. For example, 50 (41.1%) House Officers recognized that pregnancy may lead to swelling and reddening of gum. As most of the pregnant women need regular medical check up, it will

be a good chance to provide dental health education during this period. However 58 (47.9%) of House Officers believed that calcium would be lost from teeth during pregnancy, this misconception needs to be corrected.

On the whole, the majority of the interviewees were able to identify common dental diseases, and most of them would manage this by referring patients to dentists for appropriate treatment.

CONCLUSION

In conclusion, newly graduated medical doctors in Hong Kong have sufficient dental knowledge to act as a public health educator. In addition, their ability in diagnosis and management of dental diseases make them able to fulfil the preventive purpose. Moreover, they have more positive behaviour and attitudes towards oral health care than the public at large. They surely can play a positive role in dentistry.

RECOMMENDATIONS

1. To provide seminars for newly graduated medical practitioners to update their dental knowledge, especially on common misconceptions.
2. To encourage newly graduated medical practitioners to examine the oral cavity (including teeth and gums) during their general examination for patients.
3. To encourage the setting up of associate clinics which will include both medical practitioners and dental practitioners.
4. To increase the co-operation and interflow between the Faculty of Dentistry and the two Faculties of Medicine, and to evaluate the possibility for primary health care co-operation between the two groups.

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10. KAO Hong Kong Limited
11. Dental Illustration Unit, PPDH
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University of Hong Kong
Faculty of Dentistry
Group 4.3

Community Health Project 1993-94
Role of General Medical Practitioners in Dentistry

Section 1

1. a. When was your last visit to dentist?
 - 1, 0-3 months ago
 - 2, 4-6 months ago
 - 3, 7-12 months ago
 - 4, 1-2 years ago
 - 5, > 2 years ago
 - 6, Never
- b. What treatment did you receive?
 - 1, Check-up
 - 2, Scaling
 - 3, Restoration
 - 4, Root canal therapy
 - 5, Extraction
 - 6, Others
(any other?)
2. How do you keep your mouth clean?
 - 1, Toothbrushing
 - 2, Mouthrinse
 - 3, Toothpick
 - 4, Dental floss
 - 5, Others
(any other?)
3. a. Have you had any toothache within the past 2 years?
 - 1, Yes
 - 2, No (goto Q4)
- b. What have you done?
 - 1, Consult dentist
 - 2, Take analgesics
 - 3, Take antibiotics
 - 4, Saline mouthrinse
 - 5, Others
(any other?)

Section 2

4. What will you choose if you have a budget which is just enough to do one of the followings?
 - 1, Improve appearance (e.g. hair cut)
 - 2, Buffet
 - 3, Restoration (minor toothache)
 - 4, Scaling
 - 5, Short journey (e.g. one-day visit to Shenzhen)
 - 6, Body check-up
(ask twice more)

5.
 - a. Which part of the body will you examine during general body check-up?
 - 1, Heart
 - 2, Lungs
 - 3, Hands
 - 4, Legs
 - 5, Oral cavity (goto b)
 - 6, Others
(any other?)

 - b. Which part will you examine in oral examination?
 - 1, Tonsils
 - 2, Tongue
 - 3, Palate
 - 4, Floor of mouth
 - 5, Cheek
 - 6, Teeth
 - 7, Gum
 - 8, Others
(any other?)

6. Permanent dentition and deciduous dentition are of equal importance What is your comment?
 - 1, Very agree
 - 2, Agree
 - 3, Disagree
 - 4, Very disagree
 - 5, No comment

Section 3

7. What do you think the cause(s) of dental caries is/are?
- 1, Poor oral hygiene
 - 2, Sweet food
 - 3, Bacteria
 - 4, 'Hot air'
 - 5, Malnutrition
 - 6, Calculus
 - 7, Aging
 - 8, Insufficient sleep
 - 9, Others
(any other?)
8. What do you think the cause(s) of the redness, swelling and bleeding of gum (Periodontal disease) is/are?
- 1, Poor oral hygiene
 - 2, Sweet food
 - 3, Bacteria
 - 4, 'Hot air'
 - 5, Malnutrition
 - 6, Calculus
 - 7, Aging
 - 8, Insufficient sleep
 - 9, Others
(any other?)
9. a. Do you know the consequence of untreated caries?
- 1, Yes
 - 2, No (goto Q10)
- b. The sequelae are:
- 1, Pain
 - 2, Interdental spacing
 - 3, Tooth mobility
 - 4, Tooth exfoliation
 - 5, Gum bleeding
 - 6, Halitosis
 - 7, Spontaneous repair/healing
 - 8, Others
(any other?)

10. a. Do you know the consequence of untreated periodontal disease?
- 1, Yes
 - 2, No (goto Q11)
- b. The sequelae are:
- 1, Pain
 - 2, Interdental spacing
 - 3, Tooth mobility
 - 4, Tooth exfoliation
 - 5, Gum bleeding
 - 6, Halitosis
 - 7, Spontaneous repair/healing
 - 8, Others
(any other?)
11. What will you do if you have dental caries?
- 1, Consult a dentist
 - 2, Improve oral hygiene
 - 3, Ignore
 - 4, Take Chinese herbal tea
 - 5, Others
(any other?)
12. What will you do if you have periodontal disease?
- 1, Consult a dentist
 - 2, Improve oral hygiene
 - 3, Ignore
 - 4, Take Chinese herbal tea
 - 5, Others
(any other?)
13. In your opinion, how can dental caries be prevented?
- 1, Good oral hygiene
 - 2, Regular check-up
 - 3, Take less sweet food
 - 4, Take less food which cause 'hot air'
 - 5, Antibiotics/vitamins supplement
 - 6, Good nutrition
 - 7, Fluoridation of water
 - 8, Others
(any other?)
14. In your opinion, how can periodontal disease be prevented?
- 1, Good oral hygiene
 - 2, Regular check-up
 - 3, Take less sweet food
 - 4, Take less food which cause 'hot air'
 - 5, Antibiotics/vitamins supplement
 - 6, Good nutrition
 - 7, Fluoridation of water
 - 8, Others
(any other?)

15. a. Do you think scaling have any effect(s) on teeth?
1, Yes
2, No
- b. If yes, what is/are the effect(s)?
1, Thinning of tooth
2, Increase interdental spacing
3, increase mobility of teeth
4, Cause sensitivity of teeth
5, Others
(any other?)
16. a. Do you think aging have any effect(s) on teeth ?
1, Yes
2, No
- b. If yes, what is/are the effect(s)?
1, Increase mobility of teeth
2, Exfoliation
3, Loss of masticatory force
4, Change in color
5, Attrition
6, Become brittle
7, Others
(any other?)
17. a. Do you think pregnancy have any effect(s) on teeth?
1, Yes
2, No
- b. If yes, what is/are the effect(s)?
1, Loss of calcium
2, Caries
3, Swelling and reddening of gum
4, Increase mobility of teeth
5, Others
(any other?)

Section 4

18. a. What oral disease do you observe in photograph No. 1?
1, Dental abscess
2, Discoloration of tooth
3, Periodontal disease
4, Ulcer
5, Others
(any other?)

- b. What will you do?
 - 1, Suggest the patient to consult a dentist
 - 2, Analgesics
 - 3, Antibiotics
 - 4, Surgical drainage
 - 5, Ignore
 - 6, Others
 - (any other?)
- 19. a. What oral disease do you observe in photograph No. 2?
 - 1, Dental caries
 - 2, Periodontal disease
 - 3, Tooth blackening
 - 4, Others
 - (any other?)
 - b. What will you do?
 - 1, Suggest the patient to consult a dentist
 - 2, Analgesics
 - 3, Antibiotics
 - 4, Ignore
 - 5, Others
 - (any other?)
- 20. a. What oral disease do you observe in photograph No. 3?
 - 1, Reddening, swelling and bleeding gum
 - 2, Calculus
 - 3, Plaque
 - 4, Discoloration of teeth
 - 5, Tooth fracture
 - 6, Others
 - (any other?)
 - b. What will you do?
 - 1, Suggest the patient to consult a dentist
 - 2, Analgesics
 - 3, Antibiotics
 - 4, Ignore
 - 5, Others
 - (any other?)
- 21. In which of the situations (4a,4b,4c,4d), you will suggest the patient to consult a dentist.
(any other?)

***** END *****

香港大學牙醫學院
四年級第三組

全科醫生在牙科所扮演的角色

第一部份

一、 (甲)你對上一次睇牙醫係幾時? -----

1. 零至三個月前
2. 四至六個月前
3. 七至十二個月前
4. 一至二年前
5. 多過二年
6. 從未睇過

如答案是(1-5) 請回答乙部

(乙)你接受咗乜嘢治療?

1. 檢查
2. 洗牙
3. 補牙
4. '杜'牙根
5. 脫牙
6. 其他

(追問一次)

二、 你用乜嘢方法保持口腔清潔?

1. 刷牙
2. 漱口水
3. 牙籤
4. 牙線
5. 其他

(追問一次)

三、 (甲)你响兩年內有冇試過牙痛?

1. 有
2. 冇

如有:

(乙)咁你牙痛果陣時點做?

1. 睇牙醫
2. 自己食止痛藥
3. 自己食抗生素
4. 用鹽水漱口
5. 其他

(追問一次)

第二部份

四、 如果你有一筆錢，只能夠做以下其中一樣嘢，你會揀邊樣？

1. 改善外觀（如：剪髮）
2. 食自助餐
3. 補牙（有輕微牙痛）
4. 洗牙
5. 短途旅行（如：深圳一日遊）
6. 身體檢查

（再追問兩次）

五、 （甲）當你响例行檢查中，你會檢查身體邊部份？

1. 心
2. 肺
3. 手
4. 腳
5. 口腔
6. 其他

（追問一次）

如答案有(5)，請回答乙部：

（乙）在口腔檢查中，你認為應該檢查邊部份？

1. 扁桃腺
2. 腭
3. 上顎
4. 腭底
5. 面頰
6. 牙齒
7. 牙肉
8. 其他

（追問一次）

六、 恒齒與乳齒是同樣重要，你對這句子的態度是？

1. 非常同意
2. 同意
3. 不同意
4. 不知道
5. 沒有意見

第三部份

七、 你認為乜嘢會引致蛀牙？

1. 口腔衛生差
2. 甜的食物
3. 細菌
4. 熱氣
5. 營養不良
6. 牙石
7. 老化
8. 睡眠不足
9. 其他

（追問一次）

八、 你認為乜嘢會引致牙肉紅腫流血（牙周病）？

1. 口腔衛生差
2. 甜的食物
3. 細菌
4. 熱氣
5. 營養不良
6. 牙石
7. 老化
8. 睡眠不足
9. 其他

（追問一次）

九、 （甲）如果有蛀牙又唔理佢，你知唔知會有乜嘢後果？

1. 知
2. 唔知

如知：

（乙）後果是

1. 痛
2. 牙齒疏
3. 牙齒鬆動
4. 牙齒脫落
5. 流牙血
6. 口臭
7. 自然痊癒
8. 其他

（追問一次）

十、 （甲）如果有牙周病又唔理佢，你知唔知會有乜嘢後果？

1. 知
2. 唔知

如知：

（乙）後果是

1. 痛
2. 牙齒疏
3. 牙齒鬆動
4. 牙齒脫落
5. 流牙血
6. 口臭
7. 自然痊癒
8. 其他

（追問一次）

十一、 如果你有蛀牙，你會點做？

1. 睇牙醫
2. 加強口腔衛生
3. 不用理會
4. 飲涼茶
5. 其他

（追問一次）

十二、 如果你有牙周病，你會點做？

1. 睇牙醫
2. 加強口腔衛生
3. 不用理會
4. 飲涼茶
5. 其他

(追問一次)

十三、 你認為點樣可以預防蛀牙？

1. 良好口腔衛生
2. 定期檢查
3. 少吃甜食物
4. 少吃熱氣食物
5. 食抗生素/維他命
6. 良好營養
7. 水加氟
8. 其他

(追問一次)

十四、 你認為點樣可以預防牙周病？

1. 良好口腔衛生
2. 定期檢查
3. 少吃甜食物
4. 少吃熱氣食物
5. 食抗生素/維他命
6. 良好營養
7. 水加氟
8. 其他

(追問一次)

十五、(甲)你認為洗牙對牙齒有冇影響？

1. 有
2. 冇

如有：

(乙)有乜影響？

1. 牙薄
2. 牙疏
3. 牙鬆
4. 敏感
5. 其他

(追問一次)

十六、(甲)你認為年紀大咗對牙齒和牙肉有冇影響？

1. 有
2. 冇

如有：

(乙)有乜影響？

1. 鬆
2. 脫落
3. 咀嚼乏力
4. 變黃
5. 咀嚼面磨蝕
6. 變脆
7. 其他

(追問一次)

十七、(甲)你認為懷孕對牙齒和牙肉有冇影響？

1. 有
2. 冇

如有：

(乙)有乜影響？

1. 鈣質流失
2. 蛀牙
3. 牙肉紅腫
4. 牙齒變鬆
5. 其他

(追問一次)

第四部份

十八、(甲)係第一張相裏面，你睇到啲乜嘢口腔疾病？

1. 牙瘡
2. 牙變黃
3. 牙周病
4. 潰瘍
5. 其他

(追問一次)

(乙)你會點做？

1. 叫病人睇牙醫
2. 俾止痛藥
3. 俾抗生素
4. 放膿
5. 不理會
6. 其他

(追問一次)

十九、(甲)係第二張相裏面，你睇到啲乜嘢口腔疾病？

1. 蛀牙
2. 牙周病
3. 牙變黑
4. 其他

(追問一次)

(乙)你會點做？

1. 叫病人睇牙醫
2. 俾止痛藥
3. 俾抗生素
4. 不理會
5. 其他

(追問一次)

二十、(甲)係第三張相裏面，你睇到啲乜嘢口腔疾病？

1. 牙肉紅腫流血
2. 牙石
3. 牙垢膜
4. 牙變色
5. 崩牙
6. 其他

(追問一次)

(乙)你會點做？

1. 叫病人睇牙醫
2. 俾止痛藥
3. 俾抗生素
4. 不理會
5. 其他

(追問一次)

二十一、 你認為在 (4a, b, c, d) 邊啲情況下，你會叫病人去睇牙醫？
(追問一次)

Department of Periodontology and Public Health
The University of Hong Kong

Role of General Medical Practitioners in Dentistry
Group 4.3/1993

Answer Sheet

Case No:

Sex:

Hospital:

Starting Time: _____

Duration of Interview: _____ mins.

Interviewer's Code:

Age:

University:

Finishing Time: _____

Section 1:

Q1. a.
b. _____

Q2. _____

Q3. a.
b. _____

Section 2:

Q4.

Q5. a.

b.

Q6.

Section 3:

Q7. _____

Q8. _____

Q9. a.
b. _____

Q10. a.
b. _____

Q11. _____

Q12. _____

Q13. _____

Q14. _____

Q15. a.
b. _____

Q16. a.
b. _____

Q17. a.
b. _____

Section 4:

Q18. a.
b. _____

Q19. a.
b. _____

Q20. a.
b. _____

Q21. a.